

215037902
60650

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|--|--|---|--|---|--|---|
| 2 | Total Number of Vehicles | Local No./ District 099 | Agency Case No. B5-086389 | HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | L 4 |
| A/1 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 09/17/2015 | | TIME OF ACCIDENT | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 1752 | 09/17/2015 | |
| B | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. | | ONE-WAY STREET? <input type="checkbox"/> YES <input type="checkbox"/> NO | LATITUDE | |
| C | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LONGITUDE | |
| D | IF AT INTERSECTION | | IF NOT AT INTERSECTION | | | |
| 1 | NAME OF INTERSECTING ROADWAY | | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING | | | |
| V1/M | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| V2/M | MILES | | N S E W | AND MILES | | N S E W OF NEAREST CITY OR TOWN |
| 20 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| E | VEHICLE NO. 1 | | | | | |
| 9 | DRIVER LICENSE NO. | DRIVER | | PHONE | STATE (Of License) | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| V1/N | LEGALLY PARKED | | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | LOCAL NO. |
| V2/N | OWNER | | PHONE | | LOCAL NO. | |
| 1 | JOSH ALLEN | | 402-202-7347 | | 18 | |
| G | OWNER ADDRESS | | CITY, STATE, ZIP | | CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. |
| 2 | 356 N 32ND, LINCOLN, NE 68503 | | | | 18 | |
| H | LICENSE PLATE | TE NO. STC183 | YEAR | 2015 | STATE (Of Plate) | NE |
| 5 | VEHICLE | 2002 | MAKE Chevrolet | MODEL SK1 | BODY STYLE Pickup truck | ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000 |
| V1/O | VEHICLE ID NO. (VIN) | 2GCEK19V121339586 | | INSURANCE COMPANY | | MEMBERSELECT |
| V2/O | TOWED TO | TOWED BY | | POLICY NO. | | 18 |
| 1 | | | | | AUTO029019786 | |
| I | VEHICLE NO. 2 | | | | | |
| 7 | DRIVER LICENSE NO. | DRIVER | | PHONE | STATE (Of License) | SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| V1/P | DRIVER ADDRESS | | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | LOCAL NO. |
| V2/P | OWNER | | PHONE | | LOCAL NO. | |
| 8 | UNKNOWN | | | | 18 | |
| J | OWNER ADDRESS | | CITY, STATE, ZIP | | CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | CITATION NO. |
| V1/Q | LICENSE PLATE | NO. | YEAR | 2015 | STATE (Of Plate) | NE |
| V2/Q | VEHICLE | 2002 | MAKE Chevrolet | MODEL SK1 | BODY STYLE Pickup truck | ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ |
| 4 | VEHICLE ID NO. (VIN) | 2GCEK19V121339586 | | INSURANCE COMPANY | | MEMBERSELECT |
| K | TOWED TO | TOWED BY | | POLICY NO. | | 18 |
| 13 | | | | | AUTO029019786 | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | DATE OF BIRTH (MM / DD / YYYY) | | 1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F |
| VEH. # | NAME | | ADDRESS | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | | ADDRESS | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| VEH. # | NAME | | ADDRESS | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086389



Indicate
North
by Arrow



POI: UNKNOWN,
UNKNOWN WHERE
ACCIDENT
OCCURRED



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

OWNER OF VEH 1 STATED WHEN HE CAME OUT TO HIS VEHICLE AFTER WORK HE NOTICED SOME NEW DAMAGE TO THE DRIVERS SIDE OF HIS VEHICLE. DAMAGE WAS APPROX 2'2" AGL. HE HAD NO IDEA WHEN THE ACCIDENT ACTUALLY OCCURRED EITHER. HE THINKS SOMETIME OVER THE WEEKEND BUT COULDN'T BE SURE OF THAT. NO KNOWN SUSPECTS OR WITNESSES.

| | | | | | |
|------------------|----------------|------------|---------|-------|-------------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | | PHONE |
| | NAME | | | | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | | POINT OF IMPACT AND MOST DAMAGED AREA | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | | |
|-----------------------------------|---|---|---|---|---------------------------------------|--|--|--|---------------------------|--|-------------------------|--|-----------------|--|--|--|
| VEH NO. | N | S | E | W | ROAD OR HIGHWAY NAME | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 1 | | | | | 06 Turning left | | | | | | | | | | | |
| 2 | | | | | 08 Entering traffic lane | | | | | | | | | | | |
| | | | | | 01 Essentially straight ahead | | | | | | | | | | | |
| | | | | | 02 Backing | | | | | | | | | | | |
| | | | | | 03 Changing lanes | | | | | | | | | | | |
| | | | | | 04 Overtaking/ Passing | | | | | | | | | | | |
| | | | | | 05 Turning right | | | | | | | | | | | |
| | | | | | 09 Leaving traffic lane | | | | | | | | | | | |
| | | | | | 10 Parked | | | | | | | | | | | |
| | | | | | 11 Slowing or stopped in traffic | | | | | | | | | | | |
| | | | | | 12 Other | | | | | | | | | | | |
| | | | | | 13 Unknown | | | | | | | | | | | |

| | | |
|---|--------------------------------|--|
| OFFICER NO. 1165 | TROOP/ TEAM/ BEAT CE | DEPARTMENT Lincoln Police Department |
| INVESTIGATOR NAME (Print or Type) Todd Danson | | INVESTIGATOR SIGNATURE Approved by Ofc. T. Danson |
| DATE OF REPORT 09/17/2015 | | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |